Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2891HIC	A. BUILDING _____ B. WING _____	07/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AQUARIAS GROUP CARE HOME	421 BALENTINE WAY RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on July 9, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was zero. Two employee files were reviewed. The following deficiencies were found:	H 000		
H 010	Director Duties-Post License NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 1. Post the license to operate the home in a conspicuous place within the home. This Regulation is not met as evidenced by: Based on observation on 7/9/2009, the director failed to post the license to operate the home in a conspicuous place within the home.	H 010		
H 030	Safety&Sanitation-Home Clean; Hazard Free NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 1. The interior and exterior of a home must be clean and free of hazards and offensive odors.	H 030		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 030	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 7/09/2009, the interior and exterior of the home was not clean and free of hazards and offensive odors. The stove and vent system were covered with greasy brown substance.	H 030		